

2-559 891
 Jacelyn Delacruz, CNA
 Survey 12-6-17

CCFFH
 Corrective Action Report

Begin Date: 3-9-18		Date Written Corrective Action Plan Must Be Submitted to CTA: N/A	
Check Item	H.A.R. 17-1454 Chapter #	Chapter Heading	Noncompliance
✓	6	Required License or certification approval:	
✓	7	Application	
✓	7.1	Background checks	
✓	10	Reporting changes	
✓	13.1	Confidentiality of applicant and recipient information	
✓	37	Operation of a CCFFH	
✓	37.1	Contracting with a case management agency	
✓	41	Personnel and staffing	
✓	42	Client Eligibility	
✓	43	Client care and services	
✓	44	Client transfer and discharges	
✓	44.1	Grievance	

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✓	45	Fire safety	
✓	46	Medication and nutrition	
✓	47	Client account	
✓	48	Physical environment	
✓	48.1	Quality assurance	
✓	49	Insurance requirements	
✓	49.1	Fiscal requirements	
✓	50	Client rights	
✓	52	Records	
✓	Add'l	3 Person Staffing	
✓	Add'l	3 Person Physical Environment	
✓	Add'l	3 Person Fire Safety, Natural Disaster, or other Emergency	

If this box is checked then I understand that I met all requirements on the day of my review and no corrective action is required

Compliance Manager Signature: Paul Caputo RWMSN Date: 12-6-17

Primary Caregiver Signature: Jocelyn Dda Cruz Date: 12/6/17